MAY. 30. 2007 2:26PM Frishauf & Partners +12123195101_{CAT} NO. 3938 Conficte and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate VII further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the patent of the correspondence of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the patent of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the patent of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the patent of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the patent of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address and the c Note: A certificate of mailing can only be used for domestic mailings of the Fce(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 1933 7590 03/08/2007 Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. FRISHAUF, HOLTZ, GOODMAN & CHICK, PC 220 Fifth Avenue 16TH Floor 05/31/2007 HDEMESS2 00000007 10826059 Smith (Depositor's came) E. rancine (Signature 01 FC:1501 02 FC:1504 1400.00 OP 300.00 BP (Date 03 FC=8001 ለለ በ፤ APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/826.059 04/15/2004 04232/HG 9475 Toshiyuki Takabayashi TITLE OF INVENTION: ACTIVE RAY CURABLE INK-JET COMPOSITION, IMAGE FORMING METHOD USING THE SAME, INK-JET RECORDING APPARATUS, AND TRIARYLSULFONIUM SALT COMPOUND PREV PAID ISSUE FEE TOTAL PRESS DUE DATE DUB SMALL RNTITY ISSUE FEE DUE PUBLICATION FEE DUE APPLN, TYPB \$1700 06/08/2007 NO \$1400 · \$300 \$0 nonprovisional CLASS-SUBCLASS EXAMINER ART UNIT BERMAN, SUSAN W 522-031000 1711 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list FRISHAUF, HOLTZ, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (liaving as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. XIX "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TOKYO, JAPAN KONICA MINOLTA MEDICAL & GRAPHIC, INC. Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🚨 Government

4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)

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May 30, 2007 26,853 Registration No.

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